



**Guide Dogs of the Desert  
Blind Service Counselor Reference Questionnaire**

Reference's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's name:** \_\_\_\_\_

1. How long have you worked with the applicant? \_\_\_\_\_

2. To help us best judge the applicant's level of daily independence, we need to know whether the following tasks are completed without sighted assistance. Please answer the questions below *yes*, *no*, or *unsure*. You may add comments in addition to your answer.

2a Deals effectively with medical conditions, i.e. diabetes and dispenses own medication \_\_\_\_\_

2b Dwelling is maintained in a neat and orderly fashion \_\_\_\_\_

2c Communicates effectively with others \_\_\_\_\_

2d Cares for pets, appropriately. \_\_\_\_\_

2e Are pets overweight? \_\_\_\_\_

2f Mixes well in social gatherings \_\_\_\_\_

3. To help us best judge the applicant's ability to travel independently, we need to know whether the following tasks are completed **without a sighted assistant or guide**. Please answer the questions below *yes*, *no* or *unsure*. You may add comments in addition to your answer.

3a Uses a white cane \_\_\_\_\_

3b Travels from home to places such as work, school, church, local businesses etc. \_\_\_\_\_

3c Often times applicants travel to and from places with a friend or family member, how often or what percentage of the time do they travel to work, school, church, stores, etc. alone? \_\_\_\_\_

3d Uses transit systems for disabled persons, such as dial-a-ride \_\_\_\_\_

3e Uses local *regular* transit systems, such as buses, subway, or light rail, accessed at fixed stations or stops \_\_\_\_\_

3f How often or what percentage do they use *regular* transit systems \_\_\_\_\_

3g Crosses major lighted intersections unassisted \_\_\_\_\_

4. How do you think the spouse, family members, and others they live with feel about applicant's independence? \_\_\_\_\_

5. Does applicant currently have a guide dog? \_\_\_\_\_

Please provide the name of the dog and the name of the school that provided the dog.

_____	_____
Dogs name	School

Any and all information provided will help us in making the right dog selection for the applicant and allow us to give the best training and personalized instruction to the applicant.

6. Guide dog training can be stressful, but we can modify the training for medical conditions. To the best of your knowledge, does applicant have any medical conditions we should know about? If so, please explain \_\_\_\_\_

7. Having a guide dog requires much responsibility and self-motivation. Is the applicant an independent thinker and problem solver? Please explain \_\_\_\_\_

8. Do you feel the applicant would benefit from the services of a guide dog? \_\_\_\_\_  
Please explain \_\_\_\_\_

9. To help us in specializing and personalizing instruction, as well as making the best dog match for the applicant, are there any areas we should be aware of regarding the applicant and their potential guide dog training? \_\_\_\_\_

\_\_\_\_\_

10. Can you give us an accomplishment, positive achievement, or goal for the applicant? \_\_\_\_\_

\_\_\_\_\_

We welcome any comments or suggestions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*date*

Thank you very much for your assistance. ALL INFORMATION IS CONFIDENTIAL.

Please mail completed questionnaire to: **Guide Dogs of the Desert**

**PO BOX 1692**

**Palm Springs, CA 92263**

Or you may email your responses to:

**[admissions@gddca.org](mailto:admissions@gddca.org)**

Admissions office number:

**(760) 329-6257**

Fax number:

**(760) 329-2866**